

FILED OCT 16 1947

State File No.

Registration District No. 57

Primary Registration District No. 5075

Registrar's No. 208

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Shannon Trip
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community ALL OF LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. Shannon Trip
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

LUELLA LAYCOCK

3. (b) If veteran,
name war NONE

3. (c) Social Security
No. NONE

4. Sex F / 5. Color or
race W.

6. (a) Single, widowed, married,
divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive ✓ years
(Day) (Year)

7. Birth date of deceased APRIL 18 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 20 hr. min.

9. Birthplace CLINTON, HENRY Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business

12. Name JESSE LAYCOCK

13. Birthplace ILL.
(City, town, or county) (State or foreign country)

14. Maiden name RACHEL McDANIEL

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Laycock

(b) Address Clinton, Mo. #41

17. (a) BURIAL (b) Date thereof 10-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD CEM.

18. (a) Signature of funeral director J. J. Vansant

(b) Address Clinton

19. (a) 10-9-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1947 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death unhappy
Lived with a sister on
farm was sick all
due to night with pain in chest
& died about 5 A.M. had
body & convinced she died of natural
Due to no medical care given
Other conditions none
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy 200A

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature H. Walker, acting (M. D. or other) 3
Address Clinton Mo Date signed 10-9-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2002

RECEIVED
District Health Officer No. 7,
District No. 9-15-1193
Date 10-15-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed W. J. Vansant.....

Licensed Embalmer No. 3779.....

P. O. Address Clinton.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above..